

Delaware Department of Insurance
Missing Life Insurance/Annuity Search Request

CONFIDENTIAL PERSONAL INFORMATION

Instruction Sheet

The Delaware Department of Insurance (the "Department") provides a missing policy search service to Delaware residents and their families to help them identify Delaware in force individual life insurance policies on the life of a deceased family member or Delaware individual annuity contracts where the deceased family member is an annuitant. This search applies only to companies who currently sell these products in Delaware. This a consumer service provided to Delawareans in an attempt to assist consumers and the Department does not guarantee that a policy will be located.

Who can submit a request: An executor, beneficiary or legal representative of:

- (1) a deceased resident of Delaware; or
- (2) a deceased, former resident of Delaware, who resided in Delaware at the time a policy was issued or an annuity purchased

How to submit a request: A requestor may submit a Missing Life Insurance/Annuity Search Request to the Department by completing the information on page two (2) of this form, signing it before a Notary Public and mailing it, in an envelope marked "Confidential" along with an original or a photocopy of the certified death certificate to:

**Missing Life Insurance/Annuity Search Request
Delaware Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904**

Please note that some fields are not required to do a policy search, however, complete data greatly increases the chance that a lost policy may be located. Many insurance companies locate policies/contracts by social security number, deeming the deceased's social security number as critical for an accurate search.

Upon receipt of the completed request form and death certificate, the Department will:

- (1) forward the completed Missing Life Insurance/Annuity Search Request form and any attachments, along with the death certificate to all Delaware licensed life insurance companies; and
- (2) ask that they search their records to determine whether they have any Delaware in force individual life insurance policies on the life of the deceased person or Delaware individual annuity contracts where the deceased person is an annuitant; and
- (3) ask that they respond directly to the requestor **ONLY IF** they have any in force individual life insurance policies naming the deceased as an insured or any in force individual annuity contracts naming the deceased as an annuitant; **AND IF** the requestor is authorized to receive this information. The Department will not make further inquiries to the companies on the requestor's behalf in connection with this request.

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REQUEST FORM

A. Requestor's Contact Information (Please print)

Date of Request: _____ Requestor's email address: _____
Print Full Name of Requestor: _____
Mailing Street Address of Requestor: _____
City: _____ State: _____
Zip Code: _____ Day Phone: _____

B. Deceased's Information

Full Name of Deceased: _____
(First, MI, Last)
Other Legal names previously used: _____
(i.e. maiden name)
Date of Birth: _____ Social Security Number: _____
Last Address: _____
City: _____ State: _____ Zip Code: _____
Previous Address: _____
City: _____ State: _____ Zip Code: _____

*Please attach separate page if more space is needed.

C. Relationship of Requestors to Deceased (check all that apply)

____ Spouse ____ Executor or Legal representative ____ Child (18 or older) ____ Attorney
____ Other (Specify :) _____

D. Requestor's Certification and Notarized Signature:

I certify that I have made a diligent search of the deceased person's records and property, including bank statements, safety deposit boxes, etc., and have made inquiries to family members to identify all in force individual life policies that I have reason to believe covered the life of the deceased persons named above. I understand that life insurance companies that currently write in Delaware will respond to me directly **ONLY IF** they have reason to believe that this deceased person has any individual policies in force with them **AND** that I am authorized to receive this information. I further understand that the Department's only role is to forward to the insurance companies this form and a photocopy of the certified death certificate that I have provided. I understand that a life insurance company may require additional information from me, including documentation of my legal authority to request or obtain information about the deceased person that I have named. For the purpose of privacy and protection of confidential personal identifiable information, I understand that all original documents that I submit to the Delaware Department of Insurance will not be returned to me. I further understand that all original documents will be destroyed in accordance with HIPAA regulations.

I certify that the information that I have provided is complete and accurate in all respects.

Requestor's Signature: _____
Sworn to and subscribed in my presence this _____ day of _____, 20_____
By _____
Notary Signature _____

NOTARY
SEAL

Notary Public, State of _____ My Commission Expires ____/____/____

My Notary Commission is recorded in the County of _____